

MIHMS Provider Forum No. 17



May 24, 2010

Today's Agenda



- Provider Checklist Overview
- Transition Guide Overview
- Prior Authorization Update
- Provider Survey Overview
- Policy Update



Provider Checklist

Provider Checklist



The MIHMS Provider Checklist will be available in late May and will provide an overview of tasks providers will need to complete to prepare for August 1st.

✓ Checklist Organization:

- Chronological Order by tasks
 - Provider Enrollment/Maintenance
 - Trading Partner Registration
 - Electronic Fund Transfer (EFT)
 - Electronic Data Interchange (EDI)-if applicable
 - Prior Authorization
 - Primary Care Case Management (PCCM) PCP Referrals
 - Claims Submission
- Helpful Hints
- Available Resources

Provider Checklist



Provider Re-enrollment

- ✓ Providers must re-enroll in MIHMS to continue to receive payments after 8/1
- ✓ Enroll all parts of your business
- ✓ Register as a Trading Partner
- ✓ Visit Provider Maintenance to update demographic information such as:
 - Contact name
 - Contact e-mail address
 - Rendering provider address/phone number/e-mail address

Provider Checklist



Provider Re-enrollment (cont.)

✓ Visit full provider maintenance to:

- Add/remove a service location or Rendering Provider
- Add/delete a service location or Rendering Provider Specialty
- Update license and certification information

Provider Checklist



✓ **Electronic Fund Transfers (EFT) in MIHMS**

- In order to get paid via EFT in MIHMS, you will need to complete and submit new EFT forms to MaineCare.
- A communication will be shared with providers later this month detailing the process.
- Providers do not have to do anything differently right now until they receive this communication
- Providers are strongly encouraged to participate in EFT payments in MIHMS. It is expected to be a policy mandate in the near future, but not mandated at this time.

Provider Checklist



Electronic Data Interchange (EDI)

✓ **If you are currently submitting Electronic Media Claims (EMC) in MeCMS, in MIHMS you will need to submit Electronic Data Interchange (EDI) Transactions.**

- ✓ Certify all transaction types you intend to submit
 - 837,270,276,278
- ✓ Confirm that your Billing Agent or Clearinghouse is completing certification testing
- ✓ Providers with Software Vendors must work with their Software Vendor to complete their testing.

Provider Checklist



✓ **Prior Authorization**

- Go to Provider Training or review training materials
- Review MeCMS to MIHMS Transition Guide (available late may)
- After July 6th, verify in MIHMS that your MeCMS Prior Authorizations converted correctly.

✓ **Primary Care Case Management (PCCM) PCP Referrals**

- PCCM PCPs should attend provider training to learn how to submit referrals in MIHMS
- Review Transition Guide
- MeCMS referrals expire on July 31, 2010. These referrals must be re-submitted in MIHMS with a begin date of August 1st, 2010 to be valid after August 1st.

Provider Checklist



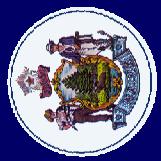
MIHMS Claims Submissions

- ✓ Paper Claims:
 - Consider Direct Data Entry to submit claims.
 - Order new claim forms (ADA 2006, CMS 1500, or UB04)
 - Copies of claims forms will not be accepted
- ✓ Attend provider Trainings
- ✓ Review documents:
 - Billing instructions
 - Companion Guides
 - MeCMS to MIHMS Transition Guide
 - Local Codes Crosswalk

Provider Checklist



- ✓ On August 1st:
 - Begin submitting DDE Claims
 - Begin submitting EDI Transactions
 - Continue to send paper claims to MaineCare Services for processing
- ✓ **Useful links** will take you directly to the documents on the checklist or you can go the MIHMS Portal to access these and other documents.
- ✓ Contact Information
 - Contact information will be updated as we move closer to Prior Authorization and claims submissions being operational



Questions

Do you have any questions?



Transition Guide Overview

Transition Guide Overview



✓ **Introduction**

- Advances in Electronic Functionality
- Advances in HIPAA Compliance
- National Correct Coding Compliance
- State Policy

✓ **MIHMS Implementation Timeline and Cutover**

- Claim Submission
- Crossover Claim Submission
- MeCMS Run-out Strategy
- Historical Data and Transition Dates

✓ **Business Interaction Options**

✓ **Member Eligibility**

- Cost of Care

Transition Guide Overview



- ✓ **Provider Enrollment**
- ✓ **Primary Care Case Management**
 - Making a Referral
 - Referral Status
 - Billing for Referred Services
- ✓ **Prior Authorization**
 - Making a Prior Authorization Request
 - PA Status
- ✓ **Claims Submission**
 - Billing Changes- All Claim Forms
 - CMS 1500
 - UB04
 - ADA2006

Transition Guide Overview



- ✓ **Claims Processing**
 - Multiple Services on the Same Date
 - Members Enrolled in Multiple Benefit Plans
 - Reversals and Replacements
- ✓ **Remittance Advice**
- ✓ **Operations**
- ✓ **Additional Materials**



Questions

Do you have any questions?



Prior Authorization Update



Overview: PA Changes

- ✓ Currently in MeCMS multiple governmental or service units review, approve and process Medical PAs
- ✓ MIHMS will be using a formal business process for the management of MaineCare PAs
 - New PA forms will be used with MIHMS
- ✓ PA request handled through MIHMS will take advantage of:
 - Standardized PA Types
 - Use of State generated and McKesson criteria sheets for identifying submission requirements and decision making criteria



Overview: Broad Groups for PAs

- ✓ Group 1
 - Prior Authorizations for Medical and other Services managed through MIHMS
- ✓ Group 2
 - Prior Authorization requests for Behavioral Health Services submitted through a Third Party entity managed outside of MIHMS
- ✓ Group 3
 - Authorization requests managed outside of MIHMS
 - Approved authorizations will be passed to MIHMS for claims processing

Group I: PAs for Medical Services (managed through MHHMS)



MaineCare Services

- Dental
- Dentures
- Durable Medical Equipment (DME)/Medical Supplies
- Early and Periodic Screening, Diagnosis and Treatment—Optional Treatment Services
- Early and Periodic Screening, Diagnosis and Treatment—Optional Treatment Services Durable Medical Equipment (DME)
- Hearing Aids
- Home Health for individuals below age 21
- In-State Inpatient Procedures
- In-State Outpatient Procedures
- In-State Podiatric Related Services
- In-State Professional Services
- In-State Transportation
- Orthodontia
- Orthotic/Prosthetic Devices
- Out of State Inpatient Procedure
- Out of State Inpatient Transplants
- Out of State Outpatient Procedures
- Out of State Long Term Placement
- Out of State Transportation
- Physician Administered Drugs
- Private Duty Nursing for individuals below age 21
- Temporomandibular Joint Services (TMJ) Procedures
- Vision

Medical Eye Care Program

- All services



Group 2: Behavioral Health Services PAs

✓ APS

- Behavioral services for Children & Adults and Substance Abuse services
 - In MeCMS: Use of local codes is allowed
 - In MIHMS: Use HIPAA compliant codes
 - The authorization number will include the three letter “APS” prefix and will include the PA number assigned by APS through “Care Connection”
- Providers must use the PA number when submitting claims
- Submit all PA requests directly to APS for both MeCMS and MIHMS



Group 3: PA Request made outside MHHMS

- ✓ Office of Adult with Cognitive & Physical Disability Services (OACPDS)
 - The Summary of Authorized Service (SAS) is the authorization for service.
 - For waiver services under sections 21 and 29 of MaineCare policy
 - For non waiver services under section 12 and 102 of MaineCare policy
 - ✓ Office of Elder Services (OES)
 - The plan of care, entered through MeCare, is the authorization for service
 - For services under sections 19 and 96 of MaineCare policy
 - ✓ Children's Behavioral Health Services (CBHS)
 - ✓ Office of Child and Family Services (OCFS)
 - ✓ Children with Special Health Needs (CSHN)
- *Providers in this group are not required to use the PA number on claims.**



Transition & Timeline

- ✓ PA requests for services on or after 8/1/2010 may be submitted beginning 7/6/2010 using a variety of methods
- ✓ PAs in MeCMS that span the Go-live period will be converted to MIHMS
 - Data conversion may be limited by code changes and provider changes
 - Affected providers will be contacted
- ✓ APS will communicate directly with providers for conversion of existing behavioral health PAs



Conversion Process for MeCMS PAs

- ✓ Active PAs will be transferred to MIHMS as of 7/6/2010 for any active approved PA that includes dates of service on/after 8/1/2010
- ✓ Converted PAs will use existing MeCMS PA numbers
- ✓ Providers should review converted PAs through MyHealthPAS online portal to ensure information is correct
- ✓ Conversions will be based on mapping the MeCMS billing provider numbers to the MIHMS enrollments based on NPIs
- ✓ Providers will be notified if the mapping is not correct
- ✓ There are some exceptions that will not allow a MeCMS PA to convert into MIHMS. Providers will be notified if their PA does not convert as a result of an exception.



PA Conversion Exceptions:

- ✓ Local codes with a one to many mapping to a HIPAA compliant code
- ✓ Behavioral Health PAs with local codes issued through APS.
 - Providers will receive more instruction through APS.
- ✓ If changes occurred to your MIHMS enrollment including the following:
 - Different Tax ID Number
 - PA issued to an entity that will not provide services in MIHMS
 - A providers' structural business change

PA Information



- ✓ PAs with local codes that have one to one mapping to a HIPAA compliant code will be converted to the new code
- ✓ “Blanket” PAs will not be accepted in MIHMS
 - MaineCare will reissue using service code groupings
- ✓ New PA requests after 7/6/2010 MUST be submitted to the appropriate system based on date of service
- ✓ PA requests which span Go-Live need two (2) Pas
 - A MeCMS PA to DOS 7/31/2010
 - A MIHMS PA for DOS 8/1/2010 and forward

PA Submissions/Group 1



✓ MaineCare prior authorizations may be submitted utilizing these methods:

- Paper requests
 - MaineCare Services
 - Prior Authorization Unit
 - 11 State House Station
 - Augusta, ME 04333-0011
- Fax : 1-866-598-3963
- HIPAA 278 Request through web upload
 - Provider Web Portal Direct Data Entry
 - Automated Voice Response System

Authorization Type



Authorization Detail



Authorization Print Page - Windows Internet Explorer

Authorization Detail

Authorization Number:

014997

Request Date: 3/10/2010

Start Date: 3/10/2010

End Date: 3/10/2010

Member ID: A50000000

Member Name: BROWN, BARRY B

Address: 5555 WEST 3RD ST

AUGUSTA, ME 04330

Enroll Effective Date: 1/1/2008

Enroll Term Date:

Disposition:

Dental Reason:

Primary Care Physician:

Requesting Provider: ME TR, INC OPTICIAN

Rendition Provider: ME TR, INC OPTICIAN

Rendering Provider Address:

<- >-rev Next->

Diagnosis

Code

72767

Description

Purple, Achilles tendon

<- >-rev Next->

Services

Service Code

KCD07

Description

Extr heavy duty wheelchair

Billed Units/Dollars

1

Approved Units/Dollars

1

Requested Units/Dollars

1

Status

PENU

<- >-rev Next->

Not Medically Necessary Days:

[Close Window](#)

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PA Cover Sheet



Prior Authorization Cover Sheet

To:

Fax number: 111-8888-8888

Date: 11/23/2009

Requesting Provider ID: PRZ500000000059

Requesting Provider Name: KIDD, RUSSELL

Prior Authorization Number: IDA0000596

Authorization Detail

Member ID: 0000852805

Member Name: ANDERSON, AMANDA M,

Dates of Service: 11/23/2009 - 12/1/2009

Checking PA Status



- ✓ **MeCMS:** A number is issued only for approved PAs
- ✓ **MIHMS:** All PA numbers are assigned at the time of the request and stays with the PA through final approval/denial
 - Statuses may be confirmed by:
 - MyHealthPAS online portal
 - Mail
 - Telephone
 - EDI confirmation
 - Line level status could be different from header when multiple service lines are requested

Disposition (Status) codes
AD - Approved with Denied Lines
AP - Approved
DF - Deferred
DM - DME Dealer Letter
DN - Denied
DR - Duplicate Record
NE - Not Eligible
NP - No PA Needed
PC - PA Cancelled

PA Status



- ✓ Providers should click the Authorization Status link under Form Entry to access the screen
- ✓ The Billing Provider can be selected by clicking on the drop-down menu to select from a pre-determined list. Click the Select Provider button.
- ✓ To switch providers, click the Edit Associations button to bring up a list of the most current prior authorizations submitted for that provider

Select

Form Entry

- Authorization Submission
- Authorization Status
- Claim Submission
- Claim Status
- Eligibility Verification
- Patient Roster
- Primary Care Roster
- Provider Payment Status
- Referral Submission
- Referral Status

Use Drop down

Billing Providers:

Select a Billing Provider	▼	Edit Associations	Select Provider
---------------------------	---	-------------------	-----------------

Listed below are the claims that have been received by the Health Plan for the selected provider. Claims are initially listed in reverse chronological order by Date of Service. To view a claim, click on its number.

PA Status



You Are Here: [View Authorizations](#)

Billing Provider:

[PRV-ABC MEDICAL GROUP](#)

[Edit Associations](#)

Listed below are the authorization requests that have been received by the Health Plan for the selected provider. Authorization requests are initially listed in reverse chronological order by Date of Service. To view a request, click on its number.

Authorizations



<u>Auth #</u>	<u>Date of Service</u>	<u>Patient Name</u>	<u>Requesting Provider</u>	<u>Authorization Type</u>	<u>Status</u>
[DA0000919]	10/5/2009 - 10/5/2009	ANDERSON, AMANDA, M.	PRV-ABC MEDICAL GROUP	Durable Medical Equipment	DENIED
[DA0000906]	10/1/2009 - 10/1/2009	MBR-OAK, EVELIN	PRV-ABC MEDICAL GROUP	Mental Health Hospital	DENIED
[DA0000903]	9/30/2009 - 9/30/2009	BEN-OAK, EVELIN	PRV-ABC MEDICAL GROUP	HIPAA 278 • OUTPATIENT	DENIED
[DA0000902]	9/25/2009 - 9/25/2009	ANDERSON, AMANDA, M.	PRV-ABC MEDICAL GROUP	Durable Medical Equipment	DENIED
[DA0000871]	9/3/2009 - 9/3/2009	ANDERSON, AMANDA, M.	PRV-ABC MEDICAL GROUP	A&D Waiver	DENIED
[DA0000852]	9/2/2009 - 9/2/2009	UM-HEAD, ELLIE	PRV-ROBERTS, KEITH PCP	ICF/MR	DENIED
[DA0000851]	9/1/2009 - 9/1/2009	MBR-OATS, EMELIA	PRV-ABC MEDICAL GROUP	A&D Waiver	REVIEW
[DA0000864]	9/1/2009 - 9/3/2009	ANDERSON, AMANDA, M.	PRV-ABC MEDICAL GROUP	Mental Health Hospital	DENIED
[DA0000866]	9/1/2009 - 9/3/2009	ANDERSON, AMANDA, M.	PRV-ABC MEDICAL GROUP	A&D Waiver	DENIED
[DA0000868]	9/1/2009 - 9/1/2009	ANDERSON, AMANDA, M.	FENTON, WILLIE	Outpatient	DENIED
[DA0000870]	9/1/2009 - 9/1/2009	ANDERSON, AMANDA, M.	PRV-ABC MEDICAL GROUP	A&D Waiver	DENIED
[DA0000831]	8/6/2009 - 8/6/2009	WURDINGER, SARAH	FENTON, WILLIE	Skilled Nursing Facility DME	DENIED
[DA0000837]	8/6/2009 - 8/6/2009	BEN-HARENBURG, IRA	PRV-ABC MEDICAL GROUP	Skilled Nursing Facility DME	DENIED
[DA0000836]	8/1/2009 - 8/6/2009	BEN-HARENBURG, IRA	FENTON, WILLIE	Skilled Nursing Facility DME	DENIED
[DA0000838]	8/1/2009 - 8/6/2009	BEN-HARENBURG, IRA	PRV-ABC MEDICAL GROUP	Skilled Nursing Facility DME	DENIED
[DA0000703]	6/22/2009 - 6/22/2009	FENTON, EMMA	FENTON, WILLIE	Inpatient	APPROVED
[DA0000693]	6/1/2009 - 7/1/2009	UM-HEARN, ETSUKO	PRV-ROBERTS, KEITH PCP	Service Coordination - Mental Health	APPROVED

Welcome to Health PAS-Online - Microsoft Internet Explorer

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Links Go Back Forward Page Help Sign In

UNISYS

Health PAS-Online

This Site Wed, May 12, 2010

Home Provider Member

Prior Authorization Document Library > Provider Prior Authorization

General Instructions

Policy Section Number	Section Category	MaineCare Service	Instructions
1	Gen Admin P&P's	OS Services	
60	Med Supplies/DME	Med Supplies/DME	
90	Physician Services	Physician Services	
90	Physician Services-J codes/ Physician Administered Drugs	Physician Services-J codes/ Physician Administered Drugs	

*See "Provider Useful Links" for MaineCare policy, including recently adopted rules.

Draft: This might be a single link to a document entitled Prior Authorization Manual

Policy Section Number	Section Category	MaineCare Service	Criteria Name	MaineCare Criteria	Incidence Criteria	Special Considerations	PA Type
Content	Dental Gen. Admin. P&P's	Physician Services	Pediatry				
	Hearing Aids/Sytes,		Prevention/Health/Promotion/OTS				
	Home Health		Private Duty Nursing				
	Med Eye Care		Transportation				
	Med. Supplies/DME		Vision				

DENTAL

25	Dental	Dental Services	Dental Services
25	Dental	Debtures	Debtures
25	Dental	Oral Appliances	Oral Appliances
25	Dental	Orthodontia	Orthodontia
25	Dental	Temporomandibular Joint (TMJ) Surgery	Temporomandibular Joint (TMJ) Surgery
25	Dental	Temporomandibular Joint (TMJ) Surgery	Temporomandibular Joint (TMJ) Surgery
25	Dental	Joint (TMJ) Surgery	Joint (TMJ) Surgery
25	Dental	Discectomy/TMJ	Discectomy/TMJ
25	Dental	Reconstruction TMJ	Reconstruction TMJ
25	Dental	Temporomandibular Joint (TMJ) Surgery	Temporomandibular Joint (TMJ) Surgery

Go Back to Top

Sample Criteria Sheet



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Back > Stop Refresh Favorites Search Favorites Address http://192.60.32.204/Prior%20Authorization%20Criteria%20Criteria/McKesson%20Criteria%20Criteria/Arthroplasty_Temporomandibular_Joint_(TMJ).pdf
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InterQual®
Smart Sheets™

Authorization #

2009 Procedures Adult Criteria

Arthroplasty, Temporomandibular Joint (TMJ)^(1, 2)

PATIENT:	Name _____	D.O.B. _____	GROUP# _____
CPT/ICD9:	Code _____	Facility _____	Service Date _____
PROVIDER:	Name _____	ID# _____	Phone# _____
	Signature _____	Date _____	

ICD-9-CM: 76.5
CPT: 21240

INDICATIONS (choose one and see below)

100 Internal derangement, TMJ
 110 Sx/findings [Two]
 111 Facial/TMJ pain⁽⁵⁾
 112 Limited jaw motion⁽⁶⁾
 112 Low bone mineral density⁽⁷⁾

Done

Criteria Sheets



PATIENT	D.O.B.	ID#	GROUP#
Diagnosis/ICD9	Sex M F (circle one)	Height	Weight
PCP/SPECIALIST	ID#	Telephone#	
VENDOR:	Telephone#	Authorization: / / to / /	

ICD-9-CM: 85.50, 85.53, 85.54, 85.70, 85.71, 85.72, 85.73, 85.74, 85.75, 85.76, 85.79, 85.84, 85.85
CPT: 19324, 19325, 19340, 19342, 19357, 19361, 19364, 19366, 19367, 19368, 19369



Criteria Sheet (continued)

INDICATIONS (choose one and see below)

- 100 Plantar fasciitis
- Indication Not Listed (Provide clinical justification below)

- 100 Plantar fasciitis [All]
(3)
- 110 Plantar foot/heel pain **interferes** with ADLs^(4, 5)
- 120 Tender at plantar fascial origin by PE⁽⁶⁾
- 130 X-ray [**One**]
⁽⁷⁾
- 131 Normal
- 132 Heel spur⁽⁸⁾

(3)-DEF:

Plantar fasciitis is a common cause of heel pain thought to be caused by an overloading of the plantar fascia resulting in inflammation, degeneration, microtears, and fibrosis at the fascia origin (Buchbinder et al., JAMA 2002; 288(11): 1364–1372). Other factors contributing to the development of the tendinopathy included genetic make-up and inefficient lower extremity biomechanics and musculoskeletal function (Kountouris and Cook, Best Pract Res Clin Rheumatol 2007; 21(2): 295–316).

(4)

The pain of plantar fasciitis is most pronounced at the insertion site of the plantar fascia (Rompe et al., J Bone Joint Surg Am 2002; 84-A(3): 335–341). It is frequently worse when initiating ambulation, subsides with walking, but often returns with prolonged weight-bearing. Athletes, overweight individuals, and individuals who spend a prolonged amount of time on their feet are at increased risk for developing this condition (Williams and Brage, Clin Sports Med 2004; 23(1): 123–144).

(5)

Activities of daily living (ADLs) are frequently divided into those simple activities relating to basic self-care and those that involve more complex interactions with others and the environment (called instrumental activities of daily living or IADLs). This criterion includes both types of activity. Whether a condition is of sufficient severity to interfere with ADLs or IADLs is somewhat subjective. There should be an indication that symptoms impede the patient's ability to effectively work, shop, manage at home, care for family members, or tend to personal hygiene.

PA Processing Units



Business Unit	Mailing Address	Toll Free	Phone	FAX	TTY
MaineCare Services	MaineCare Services Prior Authorization Unit 11 State House Station Augusta, ME 04333	866-690-5585	866-690-5585	866-598-3963	
APS	APS Healthcare 600 Sable Oaks Drive Suite 100 South Portland, ME 04106 www.qualitycareforME.com	866-521-0027	866-521-0027	866-325-4752	
OCFS	Office of Child and Family Services 2 Anthony Avenue 11 State House Station Augusta, ME 04333-0011		207-624-7900	207-287-5282	800-606-0215
OACPDS	Office of Adult with Cognitive & Physical Disability Services 11 State House Station 2nd Floor Marquart 32 Blossom Lane Augusta, ME 04333	800-232-0944	207-287-4242	207-287-7186	207-606-0215
CSHN	Children with Special Health Needs 11 State House Station Key Bank Plaza 286 Water St, 7th Floor Augusta, ME 04333	800-698-3624 X5139	207-287-5139	207-287-5355	800-606-0215



Questions

Do you have any questions?



Provider Survey Overview

Provider Survey

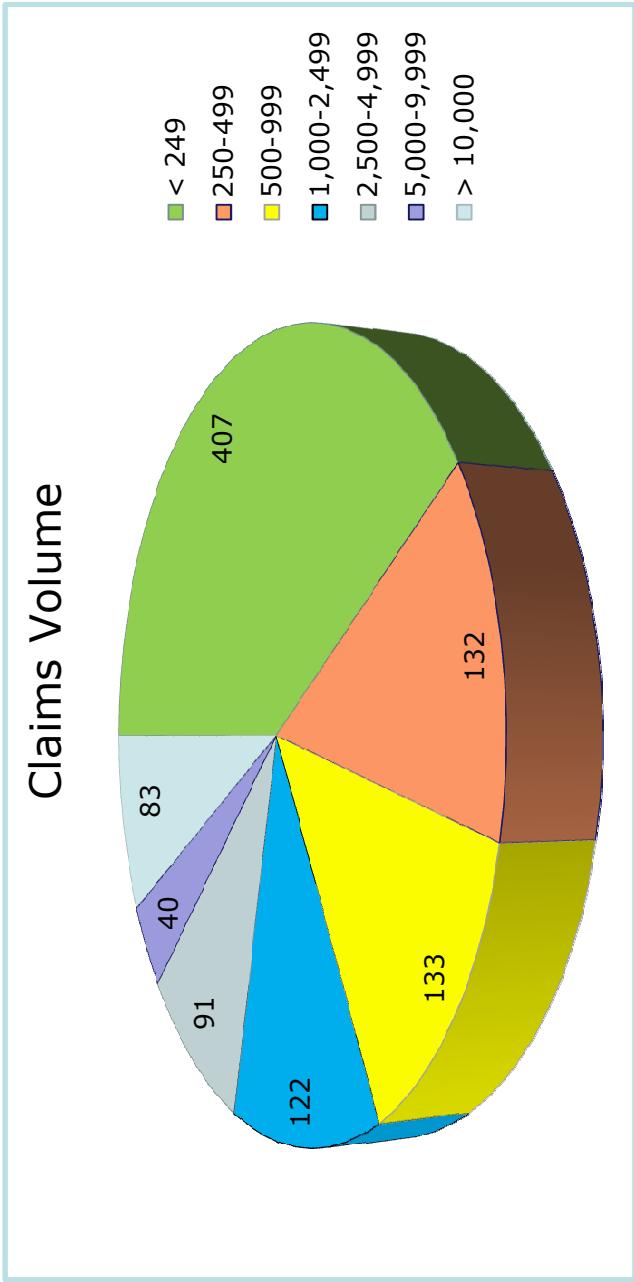


- ✓ The Provider Survey began during first week of April
- ✓ Outreaching enrolled providers and billing agents:
 - 1047 surveys completed
 - With a signed Trading Partner Agreement
 - Without a signed Trading Partner Agreement
- ✓ The survey consisted of 6 questions:
 - Annual claim volume to MaineCare
 - The method claims will be submitted into MIHMS
 - Plan to sign a Trading Partner Agreement (TPA)
 - If no TPA, why
 - If submitting paper claims, why
 - EDI X12 certification testing
- ✓ If we missed you, the survey will be posted to the portal

Provider Survey



1. What is the approximate claims volume that you or your agent submits to MaineCare annually from your Provider's practice(s) using your Tax ID#?

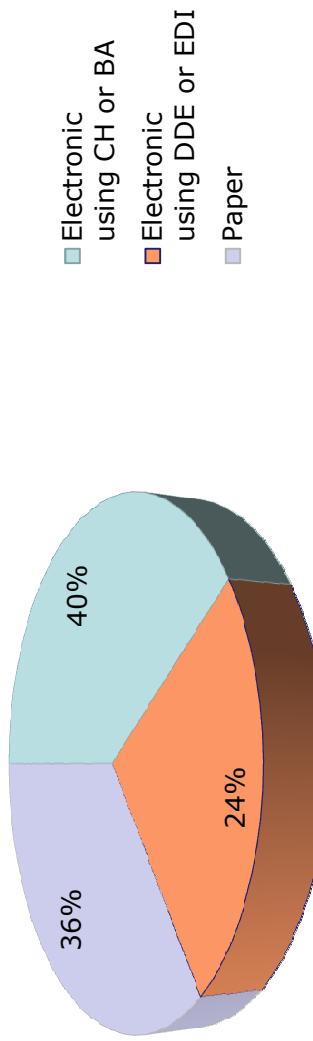


Provider Survey



2. Fill in the % of claim volume you plan to submit to MaineCare, using all three (3) slots to equal 100%
 - Electronic using a clearinghouse or billing agent
 - Electronic using (DDE) Direct Data Entry or EDI
 - Paper

Claim volume Submission (Majority)

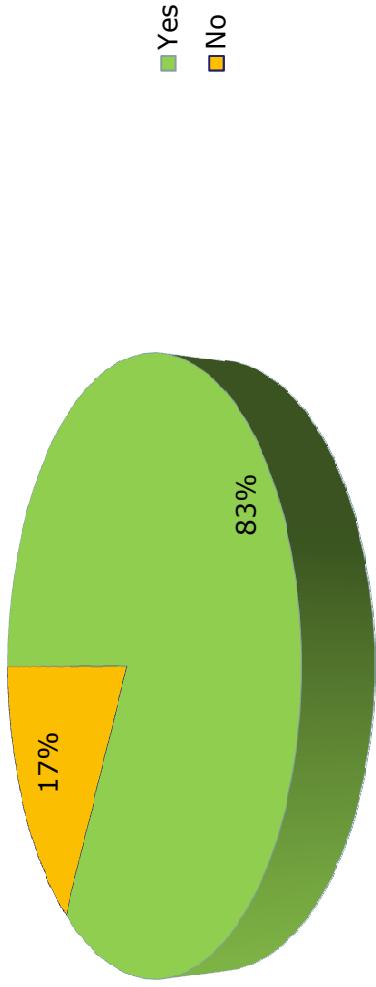


Provider Survey



3. I have or plan to complete a Trading Partner registration in MIHMS.

Trading Partner Registration

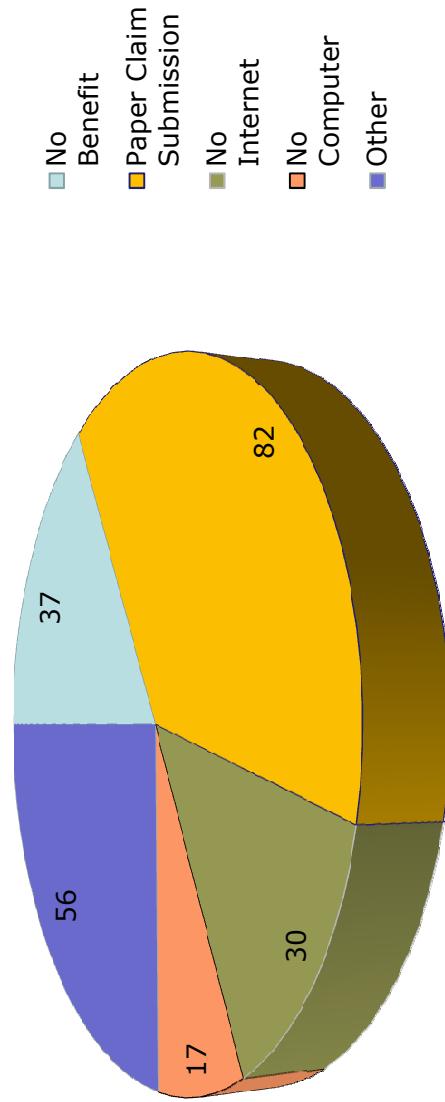


Provider Survey



4. I do not plan to sign up to be a Trading Partner because:
- No benefit
 - Submit paper claims only
 - No internet service
 - No computer
 - Other

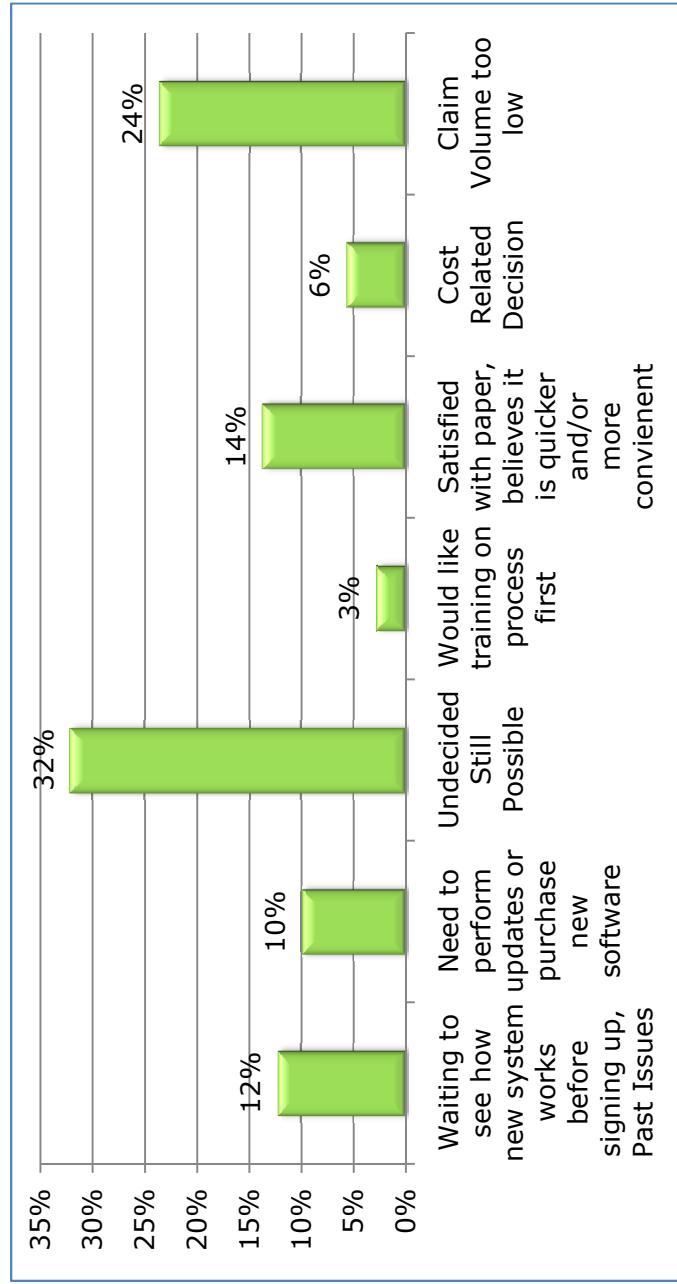
Didn't sign up because:



Provider Survey



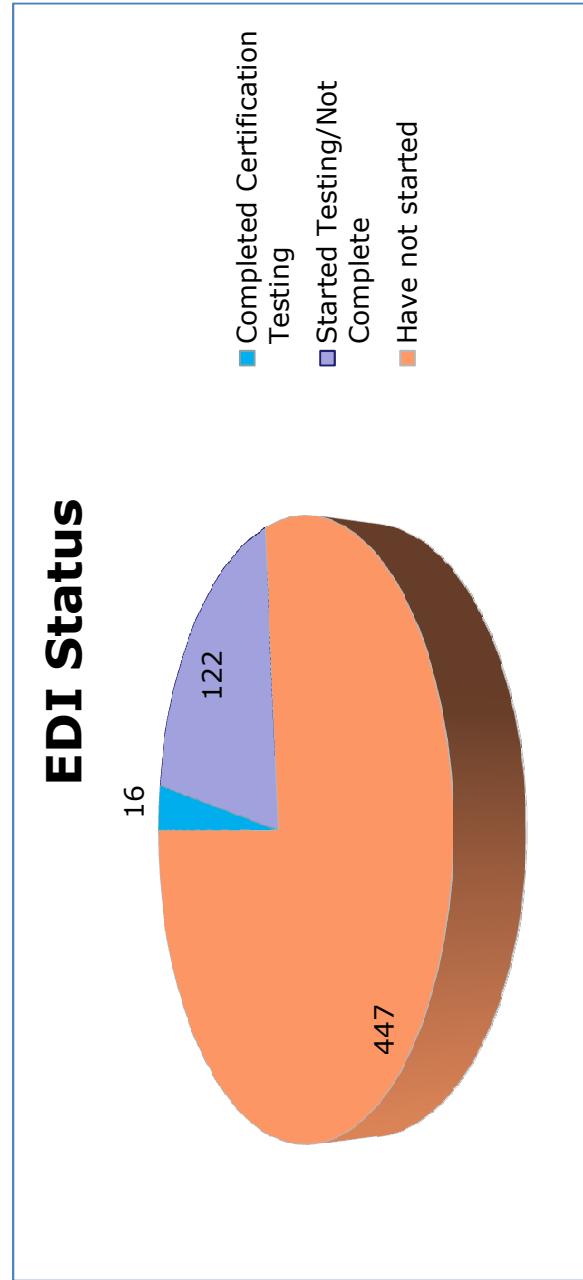
5. If you plan on continuing to bill using paper, please explain



Provider Survey



6. If you plan to be your own submitter of the Electronic Data Interchange (EDI), have you:
- Completed certification testing
 - Started certification testing, but not completed
 - Have not started the certification testing



EDI Testing



✓ Total Registered Trading Partners – 1,933

- Provider – 1773
- Billing Agency – 96
- Clearinghouse – 50
- Other – 67

✓ Since Portal Testing Began 1/26/2010:

✓ Total Trading Partners Currently Testing – 95

- Billing Agency – 9
- Clearinghouse – 24
- Provider – 55
- Internal User - 7

✓ Total Trading Partners Certified – 49

Data valid as of 5/12/2010

EDI Testing



- ✓ EDI Help Desk is available Monday through Friday, from 7:00 am to 6:00 pm. The Help Desk staff can be reached by calling 866-690-5585 or by email at MaineCareSupport@unisys.com. The Help Desk supports:
 - Trading Partner Registration
 - Trading Partner Account Activation
 - EDI Testing
 - Online Portal Technical Support



Questions

Do you have any questions?



Policy Update

Policy Update



Proposed Rules:

- ✓ Chapter II, Section 4, Ambulatory Surgical Centers
- ✓ Chapters II and III, Section 5, Ambulance Services
- ✓ Chapter III, Section 7, Free-Standing Dialysis Services
- ✓ Chapters II and III, Section 12, Consumer Directed Services
- ✓ Chapters II and III, Section 96, Private Duty Nursing and Personal Care Services

Policy Update



- ✓ Chapter II and III, Section 19, Home and Community Benefits for the Elderly and Adults Disabilities
- ✓ Chapters II and III, Section 22, Home and Community Benefits for Adults with Physical Disabilities
- ✓ Chapters II and III, Section 25, Dental Services
- ✓ Chapter II, Section 35, Hearing Aids and Services
- ✓ Chapter II, Section 60, Medical Supplies and Durable Medical Equipment
- ✓ Chapter II, Section 95, Podiatric Services
- ✓ Chapters II and III, Section 90, Physician's Services.

Policy Update



Adopted Rules:

- ✓ To comply with MIHMS requirements:
- ✓ Chapter III, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder
- ✓ Chapters II and III, Section 31, Federally Qualified Health Center (FQHC) Services
- ✓ Chapter II, Section 94, Early Prevention, Screening, Diagnosis and Treatment Services (EPSDT)

Policy Update



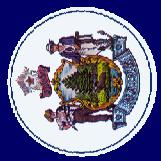
- ✓ Chapter II and III, Section 67, Nursing Facilities
- ✓ Chapter III, Section 97, and Appendix D and E, Private Non-Medical Institution Services-

Policy Update



Emergency Rules:

- ✓ Chapter III, Section 50, Principles of Reimbursement for Intermediate Care Facilities for the Mentally Retarded
- ✓ Chapter 104, Maine State Services Manual, Section 4, Maine Part D Wrap Benefits
- ✓ Chapter 115, Principles of Reimbursement for Residential Care Facilities- Room and Board



Questions

Do you have any questions?

Thank you!



- ✓ Next Provider Forum is:
 - June 28th from 1-3 at Florian Hall

Questions and Answers will be posted on the following website:

http://www.maine.gov/dhhs/oms/fiscal_agent_project_index.html

Thank you for attending!



Related Links

- ✓ For a copy of this presentation and Other Fiscal Agent Updates: http://www.maine.gov/dhhs/oms/fiscal_agent_project_index.html
- ✓ MaineCare's Listserv to Receive Provider Updates: <http://www.maine.gov/dhhs/bms/member/innerthird/listserv.shtml>
- ✓ To re-enroll in MIHMS or to visit the provider Health PAS portal: <https://maineicare.maine.gov/>
- ✓ If you have other questions or suggestions, please send them to MaineCare2010.DHHS@maine.gov